

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
Feb 24, 2003 8:00 am  
Secretary of State

02-24-2003 90181 012 \*\*\*150.00

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**DOCUMENT # P99000037475**

1. Entity Name  
JHA PRIME HOLDINGS, INC.



Principal Place of Business  
475 WEST TOWN PLACE  
STE 115  
SAINT AUGUSTINE FL 32092

Mailing Address  
475 WEST TOWN PLACE  
STE 115  
SAINT AUGUSTINE FL 32092



2. Principal Place of Business  
Suite, Apt. #, etc. 112  
City & State  
Zip

3. Mailing Address  
2 Pine Lakes Parkway, N  
Suite, Apt. #, etc. #4  
City & State Palm Coast FL  
Zip 32137  
Country Flagler

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SYPNIEWSKI, FRANK A JR  
475 WEST TOWN PLACE  
STE 115  
SAINT AUGUSTINE FL 32092

7. Name and Address of New Registered Agent

Name  
Sypniewski, Frank A. Jr  
Street Address (P.O. Box Number is Not Acceptable)  
2 Pine Lakes Parkway, North  
Suite 4  
Palm Coast FL Zip Code 32137

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Frank A. Jr Sypniewski* DATE 2/18/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SPIRES, CHRISS	
STREET ADDRESS	475 WEST TOWN PL, STE 115	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SYPNIEWSKI, FRANK JR	
STREET ADDRESS	475 WEST TOWN PL, STE 115	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLAN, FRED I	
STREET ADDRESS	475 WEST TOWN PL, STE 115	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Suite 112	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2 Pine Lakes Parkway, North Suite 4	
CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2 Pine Lakes Parkway, North Suite 4	
CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank A. Jr Sypniewski* DATE 2/18/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR